| Fill in this information t      | o identify your case:                               |   |
|---------------------------------|---|---|
| Debtor 1                        | David Eric Glaser                                   | _   |
| Debtor 2<br>(Spouse, if filing) | Lynn Elizabeth Glaser                               | _   |
| United States Bankrup           | tcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA | _   |
|                                 | 16213   | Check if this is:   |
| (If known)                      |   | An amended filing   |
|                                 |   | A supplement showing postpetition chapter 13 income as of the following date: |
| Official Form                   | <u>106I</u>   | MM / DD/ YYYY   |
|                                 |   |   |

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| 1. | Fill in your employment information.                        |                       | Debtor 1       | Debtor 2 or non-filing spouse |
|----|---|-----------------------|----------------|-------------------------------|
|    | If you have more than one job,                              | Employment status     | ☐ Employed     | ☐ Employed                    |
|    | attach a separate page with information about additional    | Employment status     | ■ Not employed | ■ Not employed                |
|    | employers.  | Occupation            | Disabled       |                               |
|    | Include part-time, seasonal, or self-employed work.         | Employer's name       |                |                               |
|    | Occupation may include student or homemaker, if it applies. | Employer's address    |                |                               |
|    |   | How long employed the | here?          |                               |

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. Calculate gross Income. Add line 2 + line 3.

| 2. | \$  | 0.00 | \$  | 0.00 |
|----|-----|------|-----|------|
| 3. | +\$ | 0.00 | +\$ | 0.00 |
| 4. | \$  | 0.00 | \$_ | 0.00 |

For Debtor 2 or non-filing spouse

For Debtor 1

| Deb<br>Deb | tor 1<br>tor 2        | David Eric Glaser<br>Lynn Elizabeth Glaser  | _                 | Case              | e number (if known)      | 17-               | 16213                            |        |
|------------|-----------------------|---|-------------------|-------------------|--------------------------|-------------------|----------------------------------|--------|
|            | 0                     | va Pira di Laur   |                   |                   | r Debtor 1               | no                | r Debtor 2 or<br>n-filing spouse |        |
|            | Cop                   | by line 4 here  | 4.                | \$_               | 0.00                     | \$_               | 0.00                             |        |
| 5.         | List                  | all payroll deductions:   |                   |                   |                          |                   |                                  |        |
|            | 5a.                   | Tax, Medicare, and Social Security deductions   | 5a.               | \$_               | 0.00                     | \$_               | 0.00                             |        |
|            | 5b.                   | Mandatory contributions for retirement plans  | 5b.               | \$_               | 0.00                     | \$_               | 0.00                             |        |
|            | 5c.                   | Voluntary contributions for retirement plans  | 5c.               | \$_<br>\$         | 0.00                     | \$_               | 0.00                             |        |
|            | 5d.<br>5e.            | Required repayments of retirement fund loans Insurance  | 5d.<br>5e.        | \$_               | 0.00                     | \$_<br>\$         | 0.00                             |        |
|            | 5f.                   | Domestic support obligations  | 56.<br>5f.        | \$-               | 0.00                     | \$-               | 0.00                             |        |
|            | 5g.                   | Union dues  | 5g.               | \$                | 0.00                     | \$                | 0.00                             |        |
|            | 5h.                   | Other deductions. Specify:  | 5h.+              | \$                | 0.00                     | + \$ _            | 0.00                             |        |
| 6.         | Add                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.                | \$_               | 0.00                     | \$_               | 0.00                             |        |
| 7.         | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                | \$_               | 0.00                     | \$_               | 0.00                             |        |
| 8.         | List<br>8a.           | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.               | \$                | 0.00                     | \$                | 300.00                           |        |
|            | 8b.                   | Interest and dividends  | 8b.               | \$                | 0.00                     | \$                | 0.00                             |        |
|            | 8c.<br>8d.<br>8e.     | Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security                                  | 8c.<br>8d.<br>8e. | \$_<br>\$_<br>\$_ | 0.00<br>0.00<br>1,607.00 | \$_<br>\$_<br>\$_ | 0.00<br>0.00<br>0.00             |        |
|            | 8f.                   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.                 | ce                | · -               |                          | · <u>-</u>        |                                  |        |
|            | 8g.                   | Specify: Pension or retirement income   | 8f.<br>8g.        | \$_<br>\$         | 0.00                     | \$_<br>\$         | 0.00                             |        |
|            | og.                   | Pro-rated estimated federal tax   | og.               | Ψ_                | 0.00                     | Ψ_                | 0.00                             |        |
|            | 8h.                   | Other monthly income. Specify: refund   | 8h.+              | \$                | 0.00                     | + \$_             | 252.00                           |        |
| 9.         | Add                   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                | \$                | 1,607.00                 | \$_               | 552.00                           |        |
| 10.        |                       | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$            |                   | 1,607.00 + \$_           |                   | 552.00 = \$ 2,                   | 159.00 |
| 11.        | Inclu<br>othe<br>Do r | te all other regular contributions to the expenses that you list in <i>Schedul</i> ude contributions from an unmarried partner, members of your household, you er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are no cify:  | ur depen          |                   |                          |                   | Schedule J.<br>11. +\$           | 0.00   |
| 12.        |                       | If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certilies  |                   |                   |                          |                   | 12. \$ <b>2,</b>                 | 159.00 |
| 13.        | Do :                  | you expect an increase or decrease within the year after you file this form<br>No.  | m?                |                   |                          |                   | Combined monthly in              | come   |
|            |                       | Yes, Explain: Wife is presently seeking full-time employment  |                   |                   |                          |                   |                                  |        |

| E-11      | in this inform                                   | diam to identify                     |                        |   |  | 1                                |                      |   |
|-----------|--|--------------------------------------|------------------------|---|--|----------------------------------|----------------------|---|
| Fill      | in this informa                                  | ation to identify yo                 | our case:              |   |  |                                  |                      |   |
| Deb       | tor 1  | David Eric G                         | Blaser                 |   |  | Ch                               | eck if this is:      |   |
| Dob       | tor 2  | L Elizab                             | - 11- 01               | _   |  |                                  | An amended filing    | wing postpotition shorter                           |
|           | otor 2<br>ouse, if filing)                       | Lynn Elizabe                         | eth Glase              | er  |  |                                  |                      | wing postpetition chapter the following date:       |
| ``        |  |                                      |                        |   |  |                                  | ·<br>                |   |
| Unit      | ed States Bankı                                  | ruptcy Court for the                 | EASTE                  | RN DISTRICT OF PENNS  | YLVANIA  |                                  | MM / DD / YYYY       |   |
| Cas       | e number 17                                      | 7-16213                              |                        |   |  |                                  |                      |   |
| (If kı    | nown)  |                                      |                        |   |  |                                  |                      |   |
|           |  |                                      |                        |   |  | I                                |                      |   |
| Of        | fficial Fo                                       | rm 106J                              |                        |   |  |                                  |                      |   |
| So        | chedule  | J: Your                              | Exper                  | ises  |  |                                  |                      | 12/1  |
| info      | ormation. If manual manual meteor (if know       | nore space is ne<br>n). Answer eve   | eded, attary questio   | . If two married people ar<br>ich another sheet to this<br>n. |  |                                  |                      |   |
| Par<br>1. | t 1: Desci                                       | ribe Your House                      | ehold                  |   |  |                                  |                      |   |
| ١.        | □ No. Go to                                      |                                      |                        |   |  |                                  |                      |   |
|           | _  |                                      | in a senar             | ate household?  |  |                                  |                      |   |
|           | = 100. <b>2</b> 00                               |                                      | пт и сори              |   |  |                                  |                      |   |
|           |  |                                      | st file Offic          | al Form 106J-2, <i>Expenses</i>                               | for Separate House   | ehold of De                      | ebtor 2.             |   |
| 0         | Da wan han                                       |                                      | <b>=</b>               |   |  |                                  |                      |   |
| 2.        | •  | e dependents?                        | ■ No                   |   |  |                                  |                      |   |
|           | Do not list D<br>Debtor 2.                       | ebtor 1 and                          | ☐ Yes.                 | Fill out this information for each dependent                  | Dependent's relati<br>Debtor 1 or Debtor   |                                  | Dependent's<br>age   | Does dependent live with you?                       |
|           | Do not state                                     | the                                  |                        |   |  |                                  |                      | □ No  |
|           | dependents                                       |                                      |                        |   |  |                                  |                      | ☐ Yes   |
|           |  |                                      |                        |   |  |                                  |                      | □ No  |
|           |  |                                      |                        |   |  |                                  |                      | Yes   |
|           |  |                                      |                        |   |  |                                  |                      | □ No  |
|           |  |                                      |                        |   |  |                                  |                      | ☐ Yes   |
|           |  |                                      |                        |   |  |                                  |                      | □ No<br>□ Yes                                       |
| 3.        | Do vour exi                                      | penses include                       |                        | No  |  |                                  |                      | □ res   |
|           | expenses o                                       | f people other t                     | :han $_{\square}$      | Yes   |  |                                  |                      |   |
|           | yourself an                                      | d your depende                       | ents?                  | 100   |  |                                  |                      |   |
| Par       |  | nate Your Ongoi                      |                        |   |  |                                  |                      |   |
| exp       | imate your ex<br>enses as of a<br>plicable date. | a date after the                     | our bankr<br>bankrupto | uptcy filing date unless y<br>y is filed. If this is a supp   | ou are using this following the following this following the following this following the following this following this following this following this following this following the following this following this following the following this following the following this following the follo | orm as a s<br>e <i>J</i> , check | the box at the top o | apter 13 case to report of the form and fill in the |
| the       |  | h assistance an                      |                        | government assistance i<br>cluded it on <i>Schedule I:</i> )  |  |                                  | Your exp             | enses   |
| ,         |  | ,                                    |                        |   |  |                                  |                      |   |
| 4.        |  | or home owners<br>nd any rent for th |                        | ses for your residence. In<br>or lot.                         | nclude first mortgage  | e<br>4.                          | \$                   | 916.26  |
|           | If not include                                   | ded in line 4:                       |                        |   |  |                                  |                      |   |
|           | 4a. Real e                                       | estate taxes                         |                        |   |  | 4a.                              | \$                   | 0.00  |
|           |  | erty, homeowner's                    | s, or renter           | 's insurance  |  | 4b.                              | · -                  | 0.00  |
|           |  |                                      | •                      | upkeep expenses   |  | 4c.                              | \$                   | 25.00   |
| _         |  | eowner's associa                     |                        |   |  | 4d.                              | ·                    | 0.00  |
| 5         | Additional                                       | mortagae navm                        | onte tor w             | r vour residence, such as home equity loans 5. \$ 0.00        |  |                                  |                      |   |

|     |                                       | ric Glaser<br>izabeth Glaser   | Case num            | ber (if known) | 17-16213                      |
|-----|---------------------------------------|--|---------------------|----------------|-------------------------------|
| 6.  | Utilities:                            |  |                     |                |                               |
|     | 6a. Electricity                       | , heat, natural gas  | 6a.                 | \$             | 150.00                        |
|     | 6b. Water, se                         | ewer, garbage collection   | 6b.                 | \$             | 30.00                         |
|     | 6c. Telephon                          | e, cell phone, Internet, satellite, and cable services   | 6c.                 | \$             | 40.00                         |
|     | 6d. Other. Sp                         |  | 6d.                 | \$             | 0.00                          |
| 7.  |                                       | sekeeping supplies   | 7.                  | \$             | 250.00                        |
| 8.  |                                       | children's education costs   | 8.                  | \$             | 0.00                          |
| 9.  | •                                     | dry, and dry cleaning  | 9.                  | \$             | 25.00                         |
|     |                                       | products and services  | 10.                 | \$             | 10.00                         |
|     | Medical and de                        | •  | 11.                 | \$             | 25.00                         |
| 12. | •                                     | I. Include gas, maintenance, bus or train fare.  | 12.                 | \$             | 125.00                        |
| 13  | Do not include of                     | , clubs, recreation, newspapers, magazines, and books  | 13.                 | \$             | 0.00                          |
|     |                                       | tributions and religious donations   | 14.                 | ·              | 0.00                          |
|     | Insurance.                            | in banding and rongicus dentations   |                     |                | 0.00                          |
|     |                                       | nsurance deducted from your pay or included in lines 4 or 20.  |                     |                |                               |
|     | 15a. Life insur                       | ance   | 15a.                | \$             | 0.00                          |
|     | 15b. Health in:                       | surance  | 15b.                | \$             | 0.00                          |
|     | 15c. Vehicle ir                       | nsurance   | 15c.                | \$             | 134.61                        |
|     | 15d. Other ins                        | urance. Specify:   | 15d.                | \$             | 0.00                          |
| 16. | <b>Taxes.</b> Do not i Specify:       | nclude taxes deducted from your pay or included in lines 4 or 20.  | 16.                 | \$             | 0.00                          |
| 17. |                                       | lease payments:  |                     |                |                               |
|     |                                       | nents for Vehicle 1  | 17a.                | ·              | 0.00                          |
|     |                                       | nents for Vehicle 2  | 17b.                | \$             | 0.00                          |
|     | 17c. Other. Sp                        |  | 17c.                | \$             | 0.00                          |
|     | 17d. Other. Sp                        | •  | 17d.                | \$             | 0.00                          |
|     | deducted from                         | s of alimony, maintenance, and support that you did not report as your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).                                 | 18.                 | ·              | 0.00                          |
| 19. |                                       | ts you make to support others who do not live with you.  |                     | \$             | 0.00                          |
| 00  | Specify:                              | onto any or and the head of the Board of English Common or Oak   | 19.                 |                |                               |
| 20. |                                       | perty expenses not included in lines 4 or 5 of this form or on Schools on other property.  | edule I: Yo<br>20a. |                | 0.00                          |
|     | 20b. Real esta                        | es on other property   | 20a.<br>20b.        | ·              | 0.00                          |
|     |                                       | homeowner's, or renter's insurance   | 20b.<br>20c.        |                | 0.00                          |
|     |                                       | nce, repair, and upkeep expenses   | 20d.                |                | 0.00                          |
|     |                                       | ner's association or condominium dues  | 20d.<br>20e.        |                | 0.00                          |
| 21. |                                       |  |                     | Ψ<br>+\$       |                               |
| ۷١. | Other. Specify.                       |  |                     | -Ψ             | 0.00                          |
| 22. | Calculate your                        | monthly expenses   |                     |                |                               |
|     | 22a. Add lines 4                      | 4 through 21.  |                     | \$             | 1,730.87                      |
|     | 22b. Copy line 2                      | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |                     | \$             |                               |
|     | 22c. Add line 22                      | 2a and 22b. The result is your monthly expenses.   |                     | \$             | 1,730.87                      |
| 23. |                                       | monthly net income.  |                     |                |                               |
|     |                                       | e 12 (your combined monthly income) from Schedule I.   | 23a.                |                | 2,159.00                      |
|     | 23b. Copy you                         | ir monthly expenses from line 22c above.   | 23b.                | -\$            | 1,730.87                      |
|     |                                       | your monthly expenses from your monthly income.<br>It is your <i>monthly net income</i> .  | 23c.                | \$             | 428.13                        |
| 24. | For example, do y modification to the | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you eterms of your mortgage? |                     |                | ease or decrease because of a |
|     | No.                                   |  |                     |                |                               |
|     | □ Yes                                 | Explain here:  |                     |                |                               |